The second of the secondary the first of the remains below, and to list of diseases on back of this certification
Bealth Bepartment, City of Baltimore.
Permit No. 99260 Office of Registrar of Wild Statistics. Ward 17
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, April 144/889
Full Name of Deceased, { Write legibly and spell not named, give names of parents. } All ockins
Sex, Mayor Female, { required in this line. }
Age, / Months, Days
Coloried
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Life time
Place of Death, (Give Street and) 629 Vaterson Park and
Cause of Death, { First (Primary), Menumical Second (Immediate), Convulsion
Duration of Last Sickness, 3 recelus All the above information should be furnished by the Physician.
Place of Burial, Daheny Cemety
Date of Burial, April 16 188 in
(Undertaker Milion & Dungel Trane M. D. Medical Attendant.
Place of Business, 150 Court St Address, 4 3 In Central On
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within any four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause late of death.

and the second of the second o
Bealth Department, City of Baltimore.
Permit No. 9926 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, April, 15 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Days Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, } Lermany
Duration of Residence in the City of Baltimore, 26 yrs -
Place of Death, {Give Street and } No. 1131 Aus quith It
Cause of Death, Second (Immediate),
Duration of Last Sickness, Instant death. All the above information should be furnished by the Physician.
Place of Burial, Saltin ore (Euchy)
Date of Burial, office 17 108) Alexander Hill M D
Jundertaker, Heury Hoeck and Medical Attendant.
Place of Rusiness 1823 N Jewhale Address. Oroket

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Bepartment, City of Baltimore.
Permit No. 99262 Office of Registrar of Wilat Statistics. Ward 15
The Physician who attended any person in a fast illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial) within the highest four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, Clerce 15 2
Full Name of Deceased, Sorrectly. If an Infant not named, give names of parents.
Sex, Male or Fonate, {Cross out the word not }
Age, 75 Years, 6 Months, Days.
Color, W
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Cooker, -
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 45 75 7
Place of Death, {Give Street and } 6/75, Charles &
Cause of Death, { First (Primary), Service Sebelety, Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Balto Coem
Date of Burial, april 16/82 Grot Straus M. D.
(Undertaker, Of Branser of Medical Attendant.
Place of Business, 703 Hanve Address, 9. E. Wort gonny ft

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physician	is is Respectfully Invited to the	Kemarks below, and t	e List of Diseases on Back of	this Certificas.
Health	Department,	City of	Baltimore	
Permit No. 99263	Office of Registre	or Of Magai	tatistics. Ward	uracly filled out,
to the Undertaker or other person requested so to do, under penalty o	superintending the burial, with	n wenty four hours att	r he death of said decease	or sooner, if
CEF	RTIFICATE	OF D	EATH.	2)
Date of Death, Chi	il 15 th /	587 .	(N) Q NN .	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names		R. Ellist	<i></i>
Sex, Male or Female, {Cros required.	s out the word not ired in this line.	mile	·	
Age,	Years,	Month	28, 6	Days
Color,			while	
Married, Single, Widow	or Widower, {Cross out the w	ords not }	Lingle	
Occupation,		1	Ponlis	7.
Birth Place, State or country, a long in the United if of foreign birth.	nd how l States,		1 Juli	Sand
Duration of Residence in	n the City of Baltimore	,	110 11	
Place of Death, {Give Street : Number.	and }	706/	V Central	la
Cause of Death, $\left\{egin{array}{l} ext{First (Property)} \\ ext{Second (} \end{array} ight.$	Immediate), Suppos	Malaria - Onser	nie of Br.	<u></u>
Duration of Last Sickne		*	17 days	
Place of Burial, Ballin	ione Hemetery			
Date of Burial, April	Cy th	Ja B.	Billing Eles	- M. D.

Address,

Medical Attendant.

Undertaker, Leorge Schulling

Place of Business, Ashland Squar

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth, Department, City of Baltimore.
Permit No. 99214 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible to the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, i requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CARTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, April 15 th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 52 Years, 3 Months, 7 Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Deller
Place of Douth (Give Street and) 1606 Hondond and ave
Cause of Death, First (Primary), Phthisis Pulmonalis
Second (Immediate),
Duration of Last Sickness, / Jean All the above information should be furnished by the Physician.
Place of Burial, Baltimore Centry
Date of Burial, April 18th
J Undertaker, Leorge Schilling Medical Attendant Medical Attendant
Place of Business, Ashland Synar Address, 1201 11. Eden St.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

THE Special Accention of Physicians is nespectating invit

Bealth Department, City of Baltimore.	
ermit No. 99265 Office of Registrar of Yilal Statistics. Ward	1
The Dhysician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled the Undertaker or other person superintending the harial, within the though after the death of said deceased, or sooner	, if
equested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.	
CERTIFICATION CATCLI	
CERTIFICATE OF DEATH.	
Date of Death, 25/120 1887	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	
Sex, Male or Female, {Cross out the word not }	******
Age, Clique 50 Years, Months, Da	ys.
Color, White	
Married, Single, Widow or Widower, {Cross out the words not }	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, Minkinger	1
Place of Death, Give Street and J3/2 Horlow Shace	-
Cause of Death, Second (Immediate), Pulmonay Engestive	
Duration of Last Sickness, Charlet Curo Italy All the above information should be furnished by the Physician.	
Place of Burial, & . Pecblic Comely	
Date of Burial, Conil 1547887 Attaches M.	D.
(Undertaker, Lev, Jenehars to	
Place of Business, Fralth Defot Address 403 MBroadwey	
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in t	
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as father same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cand date of death.	17 BR

The state of the s	
Bealth Department, City of Baltimore.	
Permit No. 99266 Office of Registrar of Wital Statistics. Ward	157
The Physician who attended any person in a last illuess, is responsible for the presentation of this Certificate, control to the Undertaker or other person superintending the burial, within tweaty-jour hours after the death of said deceased, or requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.	r sooner, if
CERTIFICATE OF DEATH.	1
Date of Death, April 15th 1887	•
Full Name of Deceased, { Write legibly and speil Daniel Gillings Sillings	
Sex, Male or Female, {Cross out the word not }	
Age, about 48 Years, Months,	Days.
Color, Colored	
Married, Single, Widow or Widower, {Cross out the words not } .	
Occupation, Gram Kunner	
Birth Place, {State or country, and how long in the United States, If of foreign birth.	
Duration of Residence in the City of Baltimore, would 23	
Place of Death, {Give Street and } 15 West Jork &L	
Cause of Death, Second (Immediate), Shows	
Duration of Last Sickness, Out WK All the above information should be furnished by the Physician.	
Place of Burial, W. Pullic Cerryetery	
Date of Burial, April 16" 1887 / 2 Theoremen	
(Undertaker, GEO. E. Brown	M. D.

Address.

Place of Business, HIE out Office

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate senting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ceftilicas.
Bealth Department, Oith of Baltimore. Permit No. 992.67 office of Registral of Vital Spaistics. Ward
The Physician who attended any person in a last ill this responsible to the Continue of this Continue of the C
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, the Undertaker or other person superintending the birial, within thenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Certificate.
CERTIFICATE OF DEATH.
Date of Death, afel 150 1885 10 15 a.m.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Morica K. Allisan
Sex, Male er Female, {Cross out the word not }
Age, 63 Years, Months, Days
Color, white
Married, Single, Widower, {Cross out the words not } required in this line.
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Sille Trans
Place of Death, {Give Street and} 15 E, Hoffman St.
Cause of Death, Second (Immediate), Exhauation
Duration of Last Sickness, 2 handles All the above information should be furnished by the Physician.
Place of Burial, Frederick City Ibd.
Undertaker, W. Weaver Clant On Bibling M. D.
Place of Business, 202 N. Euter Address, 26 W. Franklin C.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Baltimore.
Permit No. 77268 Office of Registran of White Revision Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on requested so to do, under penalty of law.
requested so to do, under penalty of law. No Permit for Burial can be departed without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, April 16. 1887
Full Name of Deceased, (Write legibly and spell Lolling Correctly. If an Infant not named, give names of parents. Ser Male or Female (Cross out the word not)
Sex, Male or Female, {Cross out the word not }
Age, 14 Years, 4 Months, 15 Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, La Le Leve C
Place of Death, {Give Street and } 323 D. 18 Lee 21.
Cause of Death, Second (Immediate), Merica of horas
Duration of Last Sickness, Select leeck
Place of Burial, V3 delternog
Date of Burial, The 18
(Undertaker, W. Disgrel) . M. D.
Place of Business, 15/8 Berry Address, 7000 C. 19-12. C.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
Section 2. And be it further exacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

	Department,			ore.
Permit No. 99269	Office of Registra	rot rial	Statistics.	Ward 2
The Physician who attended a to the Undertaker or other person				ificate, accurately filled out
requested so to do, under penalty of	law. T FOR BURIAL CAN BE OBTAIN		W. 61	and the
NO PERMI	T FOR DURIAL CAN BE OBEAR	1007	,	(A)
CER	WIFICATE	WOF I	PEATH	I. W
Date of Death,	This 10	188	70+	
Full Name of Deceased, $\left\{ \right.$	Write legibly and spell correctly. If an Infant not named, give names of parents.	usters	Com)
Sex, Male or Female, { cross required	s out the word not }			
Age, OQ	Years,	Mon	nths,	Days.
Color,	whil	6	1	/
Married, Single, Widow o	or Widower, {Cross out the won	ds not he.	1	
Occupation,	9.	of et	•	
Birth Place, State or country, an long in the United if of foreign birth.	od how States,	True	ecy	
Duration of Residence in	the City of Baltimore		-500	e e l
Place of Death, $\{^{ ext{Give Street as}}_{ ext{Number.}}\}$	//	Shok	Eleon	est
$ extit{Cause of Death,} egin{cases} ext{First (Prince)} \ ext{Second (I)} \end{cases}$	Immediate),	Reul	au)	
Duration of Last Sicknes	38,	nu	14	n. t.
Place of Burial, 15a	ellemore com			
Date of Burial, April	17 - 1884)	5.21	reli.	V D
(Undertaker, HO)	ander Hon		Medie	al Attendant.
Place of Business,///	Cantin der Ad	Idress, 28	26 &	Chou 8V
Extract from Regulations of the	Board of Health to secure City of Balti		et record of the \	/ital Statistics in the
Section 2. And be it further the Physician who attended during wenty-four hours after the death, to the same can be ascertained, the full and date of death.	the Undertaker or other person	Coroner, when the s superintending th	case comes under his he Barial, a certificate	notice, to furnish within setting forth as far as